
State:	District of Columbia	Filing Company:	Liberty Insurance Underwriters Inc.
TOI/Sub-TOI:	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan		
Product Name:	Excess Stop Loss		
Project Name/Number:	LIUI-19-001/		

Filing at a Glance

Company:	Liberty Insurance Underwriters Inc.
Product Name:	Excess Stop Loss
State:	District of Columbia
TOI:	H12 Health - Excess/Stop Loss
Sub-TOI:	H12.004 Self-Funded Health Plan
Filing Type:	Form
Date Submitted:	11/15/2019
SERFF Tr Num:	LINU-132158404
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	LIUI-19-001
Implementation	11/15/2019
Date Requested:	
Author(s):	Kathleen Mirailh
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia

Filing Company: Liberty Insurance Underwriters Inc.

TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan

Product Name: Excess Stop Loss

Project Name/Number: LIUI-19-001/

General Information

Project Name: LIUI-19-001

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 11/15/2019

State Status Changed:

Deemer Date:

Created By: Kathleen Mirailh

Submitted By: Kathleen Mirailh

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to address form changes required due to an internal reorganization of companies within the Liberty Mutual Group.

Company and Contact

Filing Contact Information

Kathleen Mirailh, Compliance Analyst II
28 Liberty St
New York, NY 10005

Kathleen.Mirailh@libertyiu.com
646-826-4838 [Phone]

Filing Company Information

Liberty Insurance Underwriters Inc.
55 Water Street
23rd Floor
New York, NY 10041
(212) 208-4111 ext. [Phone]

CoCode: 19917

Group Code:

Group Name:

FEIN Number: 22-2227331

State of Domicile: Illinois

Company Type:

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	LINU-132158404	State Tracking #:		Company Tracking #:	LIUI-19-001
State:	District of Columbia	Filing Company:	Liberty Insurance Underwriters Inc.		
TOI/Sub-TOI:	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan				
Product Name:	Excess Stop Loss				
Project Name/Number:	LIUI-19-001/				

Correspondence Summary

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correct Lead Form Number	Note To Reviewer	Kathleen Mirailh	11/17/2019	11/17/2019

State: District of Columbia**Filing Company:** Liberty Insurance Underwriters Inc.**TOI/Sub-TOI:** H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan**Product Name:** Excess Stop Loss**Project Name/Number:** LIUI-19-001/

Note To Reviewer

Created By:

Kathleen Mirailh on 11/17/2019 08:20 AM

Last Edited By:

Kathleen Mirailh

Submitted On:

11/17/2019 08:20 AM

Subject:

Correct Lead Form Number

Comments:

Please use this correct Lead Form Number ESL-P001-DC-0418

SERFF Tracking #:

LINU-132158404

State Tracking #:

Company Tracking #:

LIUI-19-001

State: District of Columbia

TOI/Sub-TOI: H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan

Product Name: Excess Stop Loss

Project Name/Number: LIUI-19-001/

Filing Company:

Liberty Insurance Underwriters Inc.

Form Schedule

Lead Form Number: ESL-P001-AL-1216

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Address Change Endorsement	ADM-ADDRESS-0419	POLA	Initial			ADM-ADDRESS-0419 - Address Change Endorsement.pdf
2		Electronic Signature Page	ESIG-0419	OTH	Initial			ESIG-0419 - Electronic Signature Page.pdf
3		Sanction Limitation and Exclusion Clause	ADM-OFAC-0419	POLA	Initial			ADM-OFAC-0419-Sanction Limitation and Exclusion Clause.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "[Insurer/Company]")

ENDORSEMENT NO. [.....]

Effective Date: [.....]

Policy Number: [.....]

Issued To: [.....]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDRESS CHANGE ENDORSEMENT

It is hereby understood and agreed that the street address of the Insurer's main administrative office and mailing address is changed to:

175 Berkeley Street
Boston, MA 02116

For the purposes of this endorsement:

1. "Insurer" means the "Insurer", "Underwriter" or "Company" or other name specifically ascribed in this policy as the insurance company or underwriter for this policy.
2. "Policy" means the policy, bond or other insurance product to which this endorsement is added.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

ELECTRONIC SIGNATURE PAGE

[]

Secretary

[]

President

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the “[Insurer/Company]”)

ENDORSEMENT NO. [.....]

Effective Date: [.....]

Policy Number: [.....]

Issued To: [.....]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

State:	District of Columbia	Filing Company:	Liberty Insurance Underwriters Inc.
TOI/Sub-TOI:	H12 Health - Excess/Stop Loss/H12.004 Self-Funded Health Plan		
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Supporting Document Schedules

Satisfied - Item:	Explanatory Memorandum
Comments:	
Attachment(s):	Explanatory Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability
Comments:	Please see attached. Please note form ESIG-0419 - Electronic Signature Page is for informational purposes only.
Attachment(s):	Readability Scoring - Forms.pdf
Item Status:	
Status Date:	

Ironshore Indemnity Inc. Filing Description

The purpose of this filing is to address form changes required due to an internal reorganization of companies within the Liberty Mutual Group.

We are changing the Company address by the introduction of an Address Change Endorsement. Our Company address is being revised to the main administrative office address at 175 Berkeley Street, Boston, MA 02116. It is our intent to use this endorsement to provide notice to our policyholders of this address change until the policy can be renewed with the new header address shown in the endorsement. This form header is computer generated and this address change will apply to all policies. All forms previously approved by your Department, will be updated with the new address. We certify that we will not be making any other changes to the content of the previously approved forms as a result of this address change.

We are amending and bracketing corporate signatures due to the election of Matthew Dolan as President of the Company as indicated on the Electronic Signature Endorsement. These signatures will appear whenever the Secretary's &/or President's are added to a form. The Company requests that by bracketing the signatures that they be considered subject to change, without necessitating a form revision filing.

We are revising our current OFAC notice to introduce a new endorsement version that addresses not only OFAC but any sanction, prohibition or restriction instituted by the US, UK, or the EU.

The Company requests that the logo image appearing in the top of each form be considered a bracketed '[Logo]' field, subject to change, so that the Company can change the logo image if needed in the future due to corporate branding initiatives without necessitating a form revision filing. The current logo in use is:



Printing, including electronic, of all forms is subject to variation in pagination, margins, positioning and formatting, however, printing standards will never be less than required under state law and the text will never be less than ten-point type.

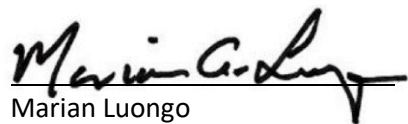
LIBERTY UNDERWRITERS INSURANCE INC.

READABILITY

To Whom it may concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form#	Title	Flesch Score
ADM-OFAC-0419	Sanction Limitation and Exclusion Clause	43.58
ESIG-0419	Electronic Signature Page	0
ADM-ADDRESS-0419	Insurer Address Change	50.49


Marian Luongo
Assistant Secretary

11/15/19
Date